

FILE NOW: FILING FEE IS \$61.25

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May 06, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 733855

1. Corporation Name

EMERALD ISLE CLUB, INC.

Principal Place of Business

770 SUNDIAL COURT
 FORT WALTON BCH. FL 32548-6063

Mailing Address

770 SUNDIAL COURT
 FORT WALTON BCH. FL 32548-6063



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/18/1975

4. FEI Number
 54-1010054

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CORSENTINO, CHARLES A
 BEACON RESORT MANAGEMENT
 1114 SANTA ROSA BLVD
 FT WALTON BCH FL 32548

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Charles A. Corsetino

4.2.99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MALONE, PATRICIA	
STREET ADDRESS	770 SUNDIAL COURT	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEVERETTE, JOE B.	
STREET ADDRESS	770 SUNDIAL COURT	
CITY-ST-ZIP	FWB FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARKER, ROYCE	
STREET ADDRESS	770 SUNDIAL COURT	
CITY-ST-ZIP	FWB FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HENDRICKS, JEANETTE	
STREET ADDRESS	326 BROOKS ST.	
CITY-ST-ZIP	FWB FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILLERUD, ROBERT	
STREET ADDRESS	770 SUNDIAL COURT	
CITY-ST-ZIP	FWB FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PEARL, DEL	
STREET ADDRESS	770 SUNDIAL COURT	
CITY-ST-ZIP	FWB FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Patricia Malone	
1.3 STREET ADDRESS	770 Sundial Ct. # 602	
1.4 CITY-ST-ZIP	ZIP FWB 32548	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Leverette, Jimmille	
2.3 STREET ADDRESS	770 Sundial Court # 404	
2.4 CITY-ST-ZIP	Ft. Walton Bch, FL 32548	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Royce Barker	
3.3 STREET ADDRESS	67 Linwood Rd.	
3.4 CITY-ST-ZIP	FWB, FL 32547	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	ZIP 32548	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	ZIP 32548	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	ZIP 32548	
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia Malone
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99
 Date

850-664-6641
 Daytime Phone #

CR2E037 (1/98)